

APPLICATION of REINSTATEMENT  
or REVIVER for DOMESTIC or FOREIGN LIMITED  
LIABILITY COMPANY

**MAIL:** **BRAD JOHNSON**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801

**PHONE:** (406)444-3665  
**FAX:** (406)444-3976  
**WEB SITE:** [sos.mt.gov](http://sos.mt.gov)



**Filing Fee: Varies. See below.**

Prepare, sign, submit with signature, annual report(s)  
and the correct filing fee.

- ☐ **24 Hour Priority Filing Add \$20.00**  
☐ **1 Hour Expedite Filing Add 100.00**

**PLEASE CHECK ONE BOX:**

- ☐ Domestic Reviver (15-31-524, MCA) **\$15.00**  
☐ Foreign Reviver (15-31-524, MCA) **\$15.00**  
☐ Domestic Reinstatement (35-8-210, MCA) **\$35.00** (along with annual reports and fee)

1. The exact name of the limited liability company is: \_\_\_\_\_
2. The assets of the limited liability company have not been liquidated pursuant to Section 35-8-210 MCA.
3. Not less than a majority of its members have authorized this Application of Reinstatement/Reviver.
4. If the limited liability company name has been legally acquired by another corporation prior to its Application for Reinstatement, the limited liability company desires to be reinstated with the new name of \_\_\_\_\_
5. ***For Domestic or Foreign Reviver***, the limited liability company submits with this application a Certificate of Reinstatement of Suspended Limited Liability Company obtained from the Department of Revenue evidencing payment of delinquent taxes.
6. ***For Domestic Reinstatement (mark one)***

☐ The domestic limited liability company is taxed as a partnership. Therefore, a Title 15 Certificate from the Montana Department of Revenue is not required.

☐ The domestic limited liability company is taxed as a corporation. Attached is a Title 15 Certificate from the Montana Department of Revenue.

**I, HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this Application are true.

\_\_\_\_\_  
Signature of Member/Manager

\_\_\_\_\_  
Date

- ❖ **All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**
- ❖ **There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.**
- ❖ **Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt. During this period if it's determined that your document doesn't meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter. If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.**

MONTANA CORPORATION ANNUAL REPORT

Prepare, sign, submit with an original signature and filing fee.  
This is the minimum information required.  
(This space for use by the Secretary of State only)

MAIL: BRAD JOHNSON  
Secretary of State  
P.O. Box 202802  
Helena, MT 59620-2802  
PHONE: (406)444-3665  
FAX: (406)444-3976  
WEB SITE: sos.mt.gov



MUST BE RETURNED IN ORDER FOR YOUR CORPORATION  
TO REMAIN ACTIVE AND IN GOOD STANDING AND PREVENT  
INVOLUNTARY DISSOLUTION/REVOCATION PER 35-1-1104, MCA,  
AS A PROFIT CORPORATION; 35-2-904, MCA, AS A NONPROFIT  
CORPORATION; AND 35-4-209, AS A PROFESSIONAL SERVICE  
CORPORATION.

Filing Fee on or before April 15<sup>th</sup>: \$15.00

After April 15<sup>th</sup>: \$30.00

☐ 1 Hour Expedite Filing Add \$100.00

☐ 24 Hour Priority Filing Add \$20.00

To help you determine what information is on file with this office, please call the above phone number or use  
our business entity search at [app.discoveringmontana.com/bes](http://app.discoveringmontana.com/bes)

Exact Name of Corporation: \_\_\_\_\_

Registered Agent Information.

The name and address of the Registered Agent/Office in Montana:

Name of Registered Agent: \_\_\_\_\_ Phone (Optional): \_\_\_\_\_

E-Mail Address (Optional): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ MT Zip: \_\_\_\_\_

(or Physical Location)

Mailing Address/PO Box\*: \_\_\_\_\_ City: \_\_\_\_\_ MT Zip: \_\_\_\_\_

\*Complete if mailing address is different from street address or physical location and both addresses must be in Montana.

Signature of New Registered Agent (required if changed): \_\_\_\_\_

1. State of Incorporation: \_\_\_\_\_

2. Address of Principal Office in state of incorporation: \_\_\_\_\_

3. Brief Description of business in which corporation is actually engaged: \_\_\_\_\_

4. Names and addresses (street name and number) of Principal Officers: (Attach list if more than six officers)

President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Vice President: \_\_\_\_\_

Other: \_\_\_\_\_

Secretary: \_\_\_\_\_

Other: \_\_\_\_\_

5. **Names and Addresses** (street name and number) of **Directors**: Nonprofit corporations are required to have a minimum of three (3) directors. (Attach list, if necessary).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. **Shares** (profit corporations only). List the current total number of shares authorized and total number of shares issued. Itemize both by class and series, if any. (Attach schedule, if necessary)

<u>Shares Authorized</u>	<u>Shares Issued</u>	<u>Class</u>	<u>Series</u>	<u>Par Value</u>
		COMMON		

**Domestic Profit Corporations Only. If issued shares exceed authorized shares or a change is made in class, par value or the number of authorized shares; an amendment must be filed according to MCA Title 35.**

7. **Professional Service Corporations only.** I certify that all the shareholders, not less than one-half the directors and all the officers other than the secretary and treasurer of the corporation are qualified persons with respect to the corporation.
8. **Nonprofit Corporations only (Please mark either box).** The corporation shall ☐ have members or ☐ shall not have members. (This information must agree with our records).
9. **By my signature below, I, an official of the above corporation, do state that I signed this report on behalf of the corporation and that the statements herein contained are true, under penalty of false swearing.**

X: _____	_____	_____	_____
Signature of officer or chair of board	Title	Printed name of signing official	Date

**An annual report must be filed for each year of reinstatement.**

**The individual signing must be listed on the annual report or attachment and identified as either an officer or chair of the board of directors in order for this office to accept the signature.**

**All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**

Sign and include correct filing fee:  
\$15.00, if filed on or before April 15th  
\$30.00, if filed after April 15th

Please send fee and completed report to:  
Brad Johnson (406) 444-3665  
Secretary Of State  
P.O. Box 202802  
Helena MT 59620-2802

Make checks payable to **Secretary Of State, Helena MT 59620-2802**